Approved for wer Unique 7/31/3003 CMS 0281 4003 U.S. Periora and Treatment Office: U.S. Periora and Treatment Office: U.S. DZ PARTNENT OF CONCERCE

PATENT APPLICATION FEE DETERMINATION RECORD											Appropries or Dochet Number		
Substitute for Form PTO-875 Effective December 8, 2004 10 32290													
		APPLI	(Celumn 1)			PART I (Column 2)		SMALL ENTITY			OTMER THAN SMALL ENTITY		
FOR .			MUM	SER FLE	ылм С	BER EXTRA		RATE (8)	FEE (8)		RATE (8)	PEG (8)	
BASIC FEE (37 CFR 1 18(0) (6) 00 (6))				NA		N/A .		N/A	150.00	1	N/A .	300.00	
SEARCH FEE (37 CFR 1 18(U, (4, or (m))			NA			N/A		N/A	8250		NIA	8500	
EXAMINATION FEE (37 CFR 1 18(4), (9), or (9))			N/A			R/A		NA	8900	1.	- N/A	8200	
TOTAL CLAIMS (37.0FR 1 16(4)			10 minus 20 0		20			KS 25 .		o o	X850 .	: .	
INDEPENDENT CLAIMS OF CFR 1 16(N)		AIMS	9:	www	3	. 1	1 [X100 .			X200 .	200	
FEE	PLICATION SIZ CFR 1 16(a))	Ε	If the specification and drawings excessioned to paper, the application size for \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereo 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.1			size fee due reech hereof. See		÷180≈			◆360a		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1 16(1))								~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	<u> </u>	ļ	43600	1/0 0 0	
* If the difference in column 1 is loss than zero, enter "O" in column 2.								TOTAL		١.	TOTAL	1200	
APPLICATION AS AMENDED - PART II													
(Column 1) (Column 2) (Column 3)							٠,	SMALL ENTITY			R OTHER THAN SMALL ENTITY		
Ž	165/05	REMA	AIMS AINING TER IOMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (8)	ADOI- TIONAL FEE (\$)		RATE (8)	AODI- TICNAL FEE (8)	
E E	Total (3) CFR LEGEN	1	8	Minus	70	°	X	S 25 .		OR	X850		
AMENDIA	Indopendent (37 CFR 1.18mp	8	1	Minus	4	· Æ	1 2	(100 _		OR	X300 °	·	
\$	Application Size Fee (37 CFR 1.16(s))												
	FIRST PRESEN	PRESENTATION OF MULTIPLE DEPENDENT			ENT CLAIM D7 C	CLAIM (37 CFR 1.160)		180=	•	OR	+360=		
			•					OTAL DO'L FEE		OR '	ADO'L FEE		
(Column 1) (Column 2) (Column 3)													
MENT B		CLA REMA AFT AMENI	MING TER.	•	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (S)	ADDI- TIONAL FEE (8)		RATE (8)	ADDI- TICNAL FEE (8)	
	Total prosa usam			Minus	••	•	2	325 .		OR	X\$50 -		
AMENDA	indopandani (37 CFR 1.10pg)			Minus		•	7	(100 .		OR -	х200 .		
\$	Application Size Foe (37 CFR 1.16(s))												
1	FIRST PRESENTATION OF MALTIPLE DEPENDENT CLAIM (\$7 CFR 1.180)							180=		OR	+360±		
• .						•		OTAL		CR	TOTAL ADD'L FEE		
					in column 2, with IN THIS SPACE (♥.				·	

[&]quot;If the Highest Number Proviously Peld For IN THIS SPACE is base than 30, other 30".

"If the Highest Number Proviously Peld For IN THIS SPACE is base than 3, other 30".

The Highest Number Proviously Peld For (Total or Independent) is the highest number found in the appropriate box in column 1.

is collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a baneful by the public which is to file (and by the PTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is assimated to take 12 minutes to complete, builting gathering, propering, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any commence the amount of time you require to complete this form and/or suggestions for enduring this burden, should be sent to the Chief Information Officer, U.S. Patient 1 Tradement Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS DRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.